

## Billing and Policy

Audiology and Hearing Aids Bulletin 338

December 2003

### Contents

*OPT OUT Flyer*

CTP Services Payment  
Reduction..... 1

County Medical Services  
Program ..... 1

2004 HCPCS and CPT-4  
Codes..... 1

ICD-9-CM Diagnosis Codes..... 2

*Articles with related Part 1 Manual  
Replacement Pages may be found in  
the "Program and Eligibility" bulletin.  
Articles with related Part 2 Manual  
Replacement Pages may be found in  
the "Billing and Policy" bulletin. The  
Medi-Cal Update may not always  
contain a "Billing and Policy" section.*

### CTP Services Payment Reduction

Effective for dates of service on or after January 1, 2004, reimbursements for Children's Treatment Program (CTP) services will be reduced by 5 percent. The reductions will remain in effect until further notice.

Although CTP services have been identified as exempt from the 5 percent Medi-Cal reimbursement reduction mandated under the Budget Act of 2003 (Assembly Bill 1762), projected CTP expenditures for the 2003-2004 fiscal year currently exceed revenues. Section 16934.5(b)(3)(c) of the *Welfare and Institutions Code* (W & I) states that the CTP may "...adjust payments for the remainder of the fiscal year to providers on a pro rata basis in order to ensure that expenditures do not exceed available revenues."

In addition, the reduction is consistent with the recent action by Medi-Cal to reduce provider reimbursements by 5 percent (refer to this month's Part 1 *Medi-Cal Update*). As stated in the *CTP Medical Services Policies and Procedures Manual*, "Reimbursement is provided at current Medi-Cal rates. (As Medi-Cal increases or reduces the level of reimbursement, CTP level of reimbursement will also change.)"

### County Medical Services Program: Rate Adjustment

Effective for dates of service on or after November 1, 2003, the County Medical Services Program (CMSP) implemented a 10 percent rate reduction for services rendered to CMSP recipients. This reduction applies to CMSP recipients with the following aid codes: 50, 84, 85, 88, 89 and 8F. This reduction does not apply to inpatient services.

*Remittance Advice Details* (RADs) will identify payments affected by these rate reductions with RAD code message 477: "CMSP (County Medical Services Program) reduction cutback."

**Note:** This reduction is not related to the Medi-Cal reimbursement reduction of 5 percent (required by the *Welfare and Institutions Code* [W&I], Section 14105.19).

*Information about this rate reduction is reflected on provider manual replacement page county med 12 of the Part 1 manual.*

### 2004 HCPCS and CPT-4 Codes: Billing Update

The 2004 updates to the *Current Procedural Terminology – 4<sup>th</sup> Edition* (CPT-4) and *Healthcare Common Procedure Coding System* (HCPCS Level II codes) will become effective for Medicare on January 1, 2004. Medi-Cal has not yet adopted the 2004 updates. Do not use the 2004 code updates to bill for Medi-Cal services until notified to do so in a future *Medi-Cal Update*.

## ICD-9-CM Diagnosis Codes: 2004 Updates

Providers may use the following diagnosis codes for claims with dates of service on or after January 1, 2004. Please refer to the 2004 *International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification, 6<sup>th</sup> Edition* (ICD-9-CM) for the description of each diagnosis code.

### Additions

|        |           |           |           |             |             |
|--------|-----------|-----------|-----------|-------------|-------------|
| 079.82 | 289.82    | 530.21    | 728.88    | 850.11      | V53.91      |
| 255.10 | 289.89    | 530.85    | 752.81 *  | 850.12      | V53.99      |
| 255.11 | 331.11 §§ | 600.00 *  | 752.89    | 959.11      | V54.01      |
| 255.12 | 331.19    | 600.01 *  | 766.21 †  | 959.12      | V54.02 §    |
| 255.13 | 331.82    | 600.10 *  | 766.22 †  | 959.13 *    | V54.09      |
| 255.14 | 348.30    | 600.11 *  | 767.11 †  | 959.14      | V58.63      |
| 277.81 | 348.31    | 600.20 *  | 767.19 †  | 959.19      | V58.64      |
| 277.82 | 348.39    | 600.21 *  | 779.83 †  | 996.57      | V58.65      |
| 277.83 | 358.00    | 600.90 *  | 780.93    | V01.82      | V64.41      |
| 277.84 | 358.01    | 600.91 *  | 780.94    | V04.81      | V64.42      |
| 277.89 | 414.07 +  | 607.85 *  | 781.94    | V04.82 ††   | V64.43      |
| 282.41 | 458.21    | 674.50 ** | 785.52    | V04.89      | V65.11 ** ‡ |
| 282.42 | 458.29    | 674.51 ** | 788.63    | V15.87      | V65.19      |
| 282.49 | 480.3     | 674.52 ** | 790.21    | V25.03 ** ‡ | V65.46      |
| 282.64 | 493.81    | 674.53 ** | 790.22    | V43.21      | E928.4      |
| 282.68 | 493.82    | 674.54 ** | 790.29    | V43.22      | E928.5      |
| 289.52 | 517.3     | 719.7     | 799.81 ‡‡ | V45.85      |             |
| 289.81 | 530.20    | 728.87    | 799.89    | V53.90      |             |

- \* Restricted to males
- \*\* Restricted to females
- † Restricted to ages 0 thru 1 years
- †† Restricted to ages 0 thru 3 years
- § Restricted to ages 0 thru 21 years
- §§ Restricted to ages 0 thru 50 years
- ‡ Restricted to ages 5 thru 70 years
- ‡‡ Restricted to ages 10 thru 99 years
- + Restricted to ages 40 thru 99 years

### Revisions

The descriptions for the following ICD-9-CM diagnosis codes are revised: 282.60, 282.61, 282.62, 282.63, 282.69, 414.06, 491.20, 491.21, 493.00, 493.02, 493.10, 493.12, 493.20, 493.22, 493.90, 493.92, V06.1 and V06.5.

### Inactive

Effective for dates of service on or after January 1, 2004, the following ICD-9-CM diagnosis codes are inactive and no longer reimbursable: 255.1, 277.8, 282.4, 289.8, 331.1, 348.3, 358.0, 458.2, 530.2, 600.0, 600.1, 600.2, 600.9, 719.70, 719.75, 719.76, 719.77, 719.78, 719.79, 752.8, 766.2, 767.1, 790.2, 799.8, 850.1, 959.1, V04.8, V43.2, V53.9, V54.0, V64.4 and V65.1.

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## Instructions for Manual Replacement Pages

### Audiology and Hearing Aids (AUD) Bulletin 338

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December 2003

#### *Part 2*

Remove and replace:   tar sub clk 1/2 \*  
                              tar submis 1/2 \*  
                              tax 7/8 \*

\* Pages updated/corrected due to ongoing provider manual revisions.